Attendees

The following table lists the participants in the CalOMS Field Readiness regional meeting of November 3, 2003.

County/Direct Provider/ADP	Representatives	
Kern County	Lily Alvarez Allen Belluomini Dan Walters Mike Parmley Pete Sutch	Donna St John Etta Robin Marvin Felli Marti Rodriguez Juan Pina
Inyo County	Grace Cook	Margaret Peterson
Kings County	Mary Anne Ford Sherman	
Madera County	Debby Estes	
Merced County	Chris Crain	Tom Skinner
San Luis Obispo County	Elaine Hortillosa	
Santa Barbara County	Al Gately	Carolyn Sellers
Tulare	Don Nikkel	Bud Taylor
Alternative Solutions Education Clinician	Joseph Jones Amelia Adame	
American Health Services El Dorado Community Services Center Tavarua Health Services WCMC	Stan Sharma	
ADP	George Lembi Larry Carr Susan King	Marjorie McKisson Jon Meltzer
MRC	Laurie Thornton Robin Madsen	Arielle Ocel Hung Lee

Opening and Introductions

Roles Clarification – Madsen Rayner Consulting (MRC) was hired by ADP for the Field Readiness portion of the CalOMS project. MRC staff facilitated the meeting, presented information on the Field Readiness project (deliverables and timeframes), led the discussion on issues and concerns, and clarified any questions about the field readiness survey. ADP staff attended the meeting to present information on the CalOMS requirements, answer questions, and to listen to the issues and concerns from counties and direct providers.

Laurie Thornton (MRC facilitator) noted the different venues for collecting feedback – survey, regional meetings, and follow-up conference calls. If someone

was not able to attend the meeting today, he or she could be included in the upcoming survey conference calls.

Field Readiness Presentation and Questions

The presentation has two focuses: 1) an overview of the CalOMS requirements and 2) the Field Readiness project deliverables and timeframes, including expectations on county and direct provider involvement.

ADP is currently at the end of the requirements phase for CalOMS and beginning the field readiness assessment. Data collection for CalOMS begins in November, 2004.

CalOMS Requirements (Treatment)

It is a key long-term goal of both ADP and CAADPAC to collect outcomes data. CalOMS model is for counties to work with treatment providers to collect CalOMS data. Counties will send data electronically to ADP. ADP, through CalOMS, will provide data back to counties as extracts and reports.

ADP reviewed the four major points in time for data collection: Admission, Discharge, Post Admission, and Follow-up. ADP reviewed each of the data categories (i.e. PPG, CADDS, UCI, etc.) and the 9-month follow-up sampling methodology.

Question (Q), Answers (A) and Comments(C):

Q: Request for clarification of when follow-up is done. Is it done post discharge or post admission?
A: *9 months post admission*

Q: Does CalOMS include collecting data on adolescents?
A: *No, CalOMS will exclude adolescents.*

Q: What is PPG data versus CADDS data? What is the difference?
A: *There is a lot of overlap, but there are six new PPG questions.*

Q: How are you going to control bias on getting follow-up data?
A: *ADP will provide a follow-up list with a 25% sample every other month that counties will follow sequentially until they fulfill the 10% requirement.*

Q: Do clients admitted into a detox program need to go through all questions? Is the ASI required?
A: *The decision is not final, but ADP is leaning toward not requiring ASI for detox clients.*

Q: For non-English speaking clients, will the ASI be translated into other languages by ADP?

A: *Larry Carr says that McClellan has committed to working on ASI with 33 languages and dialects.* This will be a follow-up item.

C: Administrative discharge – A request was made for clarification/definition of administrative discharge. Also, for a cross walk of CADDS discharge definitions (9 situations of discharge). This is a follow-up item.

ADP reviewed the data collection architecture.

Q: There is a lot of data to be collected. Is ADP going to provide funding for equipment (computers) or data collection? Is money to be spent at provider or county level?

A: *At this point, there are no additional funds from the state.*

Q: Where is funding to come from?

A: *SAPT funds are eligible to be used for CalOMS. Treatment levels may be impacted within counties.*

Q: Is there a reason why we went from internet (CalTOP) to a decentralized data collection approach?

A: *What we learned from CalTOP is that data collection is duplicated at the county level. A decentralized approach prevents duplication of effort at the county level.*

C: There are significant hardware costs associated with this project. It is a challenge for counties to send the data electronically to ADP if providers are currently sending things manually to the county.

C: Direct providers are concerned that they will not have money and/or capabilities in the timeframe to customize software and to acquire needed hardware.

Field Readiness Project

MRC reviewed the Field Readiness project, deliverables and timeframes. All counties and direct providers are being surveyed. After ADP's receipt of the surveys, MRC will have a follow-up conference call to confirm and clarify any survey questions. MRC will gather feedback, analyze and compile the data into individual field readiness assessment reports, as well as an overall report. In addition to the field readiness assessment reports, MRC will develop toolkit items to be provided to counties and direct providers. Additional toolkit ideas are needed from counties. Early in 2004 MRC will work with counties and direct providers to prepare individual county plans for the implementation of CalOMS.

CalOMS Field Readiness
Region Meeting – November 3, 2003
Meeting Notes

Q: Have you talked to any of the large statewide vendors (i.e. ECHO)? Are you going to survey the vendors? Those involved with ECHO system will not be able to realistically provide survey feedback by next week.

A: *ECHO participated in the third CalOMS requirements session, so they have been informed of the CalOMS requirements. We are not surveying vendors. Counties should do their best to respond to the survey, getting ECHO's input as appropriate.*

Q: How was the mailing list put together for the survey? ADP should have a county contact list from SRIS that is recent.

A: *Surveys were sent to the County administrator or director at the corporate level for direct providers.*

Q: Are you helping to prepare a plan for each county?

A: *Yes, MRC will be working with counties and direct providers to develop individual county readiness plans during January and February 2004.*

Q: Will we be able to discuss CalOMS data elements and/or requirements in the conference call?

A: *We want to collect feedback and will answer or refer any questions about the CalOMS requirements during the conference calls.*

Q: Who at ADP should be contacted regarding data content for CalOMS?

A: *Marjorie McKisson will field questions on CalOMS data requirements.*

Q: Is CalOMS replacing CADDS?

A: Yes. *CADDS will no longer be needed when CalOMS is implemented. CalOMS will replace CADDS.*

Q: Can providers work with each other to collect data? One does ASI the other collects additional data?

A: *The process for data collection at the county and provider level is up to the county.*

C: Without centralizing CalOMS data collection, how will CalOMS data collection be consistent?

C: NTP providers – are you considering carving these providers out and creating one NTP model? ASI data on NTP providers may be skewed.

C: Direct service providers function differently across counties. They may act as a direct provider for one county and as a county-contracted provider for another county. This fact may make data collection for CalOMS difficult for some direct providers.

CalOMS Field Readiness
Region Meeting – November 3, 2003
Meeting Notes
Identify top issues and concerns

The following issues were raised by meeting participants:

- Funding for development of software;

- Funding for department staff for collecting ASI and data elements;

- Funding for capital expenditures – equipment;

- Funding sources – what are appropriate to use for CalOMS?

- Non-ADP funded admission (i.e. CDC funded contracts with local providers or for CalWorks) – does this fall under CalOMS?

- Privacy issues – HIPAA related and client locator issues;

- Data collection at the provider level – ability to collect data, volume of data, applicability of data (is ADP asking the right questions to get correct outcomes data);

- Will some counties need to collect data from entities that do not contract with counties?

- Staffing for follow-ups, including training;

- Existing county systems capability to absorb the data elements;

- CBS coalition – any interface with them regarding new systems development impact on CalOMS?

- Collection of SSN – privacy concern;

- Timing – even if funding is available, to expect county to have system ready within 1 year is aggressive;

- Lead time issues for operational changes;

- Fines or fees for non-compliance;

- Sample failures -- what are the consequences to the counties if they don't collect the 10%?

- How will data integrity be assured?

- Compatibility of the ASI instrument between various vendors, e.g. DeltaMetrics, Accucare, etc.

- How do you control the client that moves from site to site – redundant data collection;

- Counties are not clear on ADP's vision for CalOMS data collection. What is the file layout? What is expected for integrating changes into the county systems?

CalOMS Field Readiness
Region Meeting – November 3, 2003
Meeting Notes
Discuss issues and concerns

Common themes were identified: funding, privacy, systems capabilities, staffing, data collection, timing and sanctions.

Larry Carr reviewed ADP's position on CalOMS and the need to collect outcomes measurement data. The purpose of field readiness regional meetings is to draw out issues and discuss timelines as to when things can get done.

Funding

- Counties want a partnership to discuss and better understand funding issues.

- Systems development and infrastructure is a lot of money, especially considering the integration requirement with providers. This is the highest priority under the funding theme.

- IT staff training for potential web development is an issue.

- Counties requested that ADP issue a policy letter on funding for CalOMS. Counties want a clear direction from ADP on what SAPT monies can be spent and how to account for it (separate parts?) What is ADP's intent on money and funding? What's required for tracking this money? Can SACPA, CalWorks or Drug Medi-Cal money be used?

- What about non-contracted providers, if paid for by public funds?

Privacy

- Counties have concerns with HIPAA security requirements and their ability to integrate providers and ensure HIPAA compliance.

- Perinatal Women – interagency data sharing – and concern that their children will be taken away from them if they participate.

- Counties have concerns with sharing data with other agencies. What data is shared and how is privacy ensured?

Systems

- Counties want to create a partnership to identify system issues.

- Providing web application from county level to providers may be the way to go. However, county may not have experience in developing web applications.

- Counties are concerned with third-party vendor's ability to react and implement CalOMS requirements within the expected timeframes.

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Region Meeting – November 3, 2003
Meeting Notes

Staffing

- Training issues – counties are concerned with the delivery, availability and their ability to train program staff.

- Training on how to improve quality of delivering care is needed.

- Counties recognized the need for staff to interact and communicate with other agencies regarding referral support.

- Can 9-month follow-up activities be outsourced?

Data Collection

- Counties suggested a pilot program or project to test data relevance and quality.

- Counties are concerned about error correction capacity and auditing of reported data.

- Counties expressed concerns that they won't be able to do 10% follow-up successfully. They won't find the 10%.

- Some clients will not fill out locator forms because of privacy concerns.

- What happens to those clients that fall out of treatment and what is to be collected?

- Counties requested that ADP provide an ASI template.

- Administering ASI on follow-up as opposed to admission is only 9 data element difference. It will be challenging to do 136 questions at follow-up.

- Is there any correlation between CalOMS data and DATAR data?

Sanctions

- Will there be sanctions for non-compliance to CalOMS requirements or timeframes? Will there be sanctions for not completing the 10% follow-ups?

Survey Overview

The survey is a self assessment instrument. One survey should be completed by each county and/or direct provider. MRC hopes that the survey will prompt counties to start thinking about and planning for the CalOMS implementation. Completed surveys are due to ADP on November 10, 2003 (one week after regional meeting).

CalOMS Field Readiness
Region Meeting – November 3, 2003
Meeting Notes
Survey Discussion – Questions and Answers

Q: On the dollar figures requested, until they get into development and start meeting with various people, it's going to be difficult to come up with accurate dollar figures. Does ADP want an estimate, guess, or for counties to say they don't know.

A: *We would like for counties to provide their best estimates, knowing that at this point it is a magnitude-of-order estimate.*

C: For counties that have a system provided by a third-party vendor, it is preferable to ask vendor to come up with the cost. This may be difficult for counties to get from vendors.

Q: Regarding the number of providers on the survey, where did you get this count?

A: *We used ADP's master provider file, counting how many unique provider ID's submitted data through each county.*

Q: Are counties supposed to include county contracted providers?

A: *Yes, counties should take into account county contracted providers. ADP will handle ADP contracted providers (direct providers).*

Q: Is there a definition of case management? It means different things to different people.

A: *Yes, there was a definition of case management in the instructions that were sent out.*

Q: Why are you asking case management questions?

A: *Trying to get a baseline of business process flow.*

Q: Treatment versus prevention - are there further data items that will be added for prevention at a later point?

A: *Yes, ADP is working to get more information from the feds to understand what is being required. More will be coming on prevention data in the future.*

Q: When will more information be coming on the format of the data file for CalOMS?

A: *ADP hopes to have data layout in middle of February 2004.*

Wrap-up

- Surveys are due one week from today.
- MRC requested participants to confirm upcoming conference call times.
- MRC will distribute meeting notes back to participants.

- January 2004 – compiled field readiness data (survey and discussion results) will be shared at the CAADPAC quarterly meeting in January 2004.

Follow-up Items for ADP

- ADP will follow-up with vendors (e.g. ECHO) on their capability to transmit and collect CalOMS data.
- MRC will validate field readiness mailing list used for counties and direct providers.
- ADP will follow-up with McClellan on whether and when the ASI will be translated into other languages.
- ADP will clarify definition of administrative discharge. Also, ADP will clarify definitions of discharge for CalOMS and how they relate to CADDS discharge definitions (9 situations of discharge).
- ADP will issue a policy letter on funding for CalOMS. Counties requested that ADP issue a policy letter on funding for CalOMS. Counties want a clear direction from ADP on what SAPT monies can be spent and how to account for it (separate parts?) What is ADP's intent on money and funding? What's required for tracking this money? Can SACPA, CalWorks or Drug Medi-Cal money be used?